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MAY 1 7 2006

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				BLICATION FEE (if reg					
INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected by maintenance fee notification	m should be used for transpondence including the below or directed otherwise is.	smitted the ISSUI advance ord in Block I, by (a)	E FEE and PUI lers and notifical specifying a ne	ation of maintenance fees ew correspondence address	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for			
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
1177 AVENUE OF 41 ST FL.	APIRO MORIN & O THE AMERICAS (6		LP	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
NEW YORK, NY	10036-2714					(Depositor's name)			
						(Signature)			
						(Date)			
APPLICATION NO.	FILING DATE	F	IRST NAMED IN	IVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/518,602	03/04/2005		Yuji And	lo	U1927.0014	5070			
FITLE OF INVENTION: SE					TOTAL FEE(S) DUE	DATE DUE			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E L_	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1400		\$300	\$1700	05/22/2006			
EXAMINER A		ART UNI	т	CLASS-SUBCLASS					
LANDAU, M	IATTHEW C	2815		257-473000					
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON T	HE PATENT (pi	rint or type)		. <u>-</u>			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified by 37 CFR 3.11. Completion	elow, no assignee d	lata will appear	on the patent. If an assig	nee is identified below, the o	document has been filed for			
			(B) RESIDENC	filing an assignment.	200 HPEYEHE2 00000127	10518602			
(A) NAME OF ASSIGN	E E	-	(B) RESIDENC	E: (CITY and STAFE OR	1200 GGC VIBEAENES ARRANISA	1480.08 OP			
(A) NAME OF ASSIGNING Please check the appropriate la. The following fee(s) are	Orp Or at assignee category or category	ries (will not be prin	(B) RESIDENCE	E: (CITY and STAFF 1966) 01 FC: 02 FC: 03 FC: 04 FC: 05 FC: 05 FC: 06 FC: 06 FC: 07 FC: 08 F	1501 1501 1601 Corporation or other private gr	1480.08 OP			
Please check the appropriate a. The following fee(s) are Signature 1.	enclosed:	ries (will not be prin	(B) RESIDENC. Inted on the pater Payment of Fee A check in the	E: (CITY and STAFF 1866) 01 FC: 02 FC: 03 FC: 04 FC: 05 FC: 05 FC: 06 FC: 07 FC: 08 F	TOTAL COMPANY CONTROL OF THE PROPERTY OF THE P	1480.08 OP			
Please check the appropriate a. The following fee(s) are Signature 1.	assignee category or category enclosed:	ories (will not be printed)	nted on the pater Payment of Fee A check in the	E: (CITY and STAFF 1866) 11 FC: 12 FC: 13 FC: 14 FC: 15 FC: 16 Individual 16 FC: 16 FC: 17 FC: 18	TOTAL COMPANY CONTROL OF THE PROPERTY OF THE P	1499.68 OP 369.69 OP 39.69 OP oup entity Government			
Please check the appropriate a. The following fee(s) are Lissue Fee Dublication Fee (No s. Advance Order - # of Change in Entity Status a. Applicant claims St	assignee category or category	aries (will not be printed) (a) (b) (c) (d) (e) (d) (e) (d) (e) (f) (f) (f) (f) (f) (f) (f	Payment of Fee A check in the Payment by of The Director Deposit Acco	EE: (CITY and STAFF 1966 61 FC: 62 FC: 63 FC: 65: 65: 66: 68: 69: 69: 69: 69: 69: 69: 69: 69: 69: 69	nclosed. 8 is attached. arge the required fee(s), or create the required fee(s). (enclose an extended for the required fee(s).	1499.08 OP 369.09 OP 30.09 OP 30.09 OP coup entity Government edit any overpayment, to ra copy of this form).			
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Food gumunot to the Consellate	ABEMAN,	ns Act 2005 (U.D. 4040	Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006			Application Nu	Application Number 10/518,602-C			onf. #5070				
			Filing Date		December 17, 2004						
			First Named In	st Named Inventor Yuji Ando							
	Examiner Name	Examiner Name M. C. Landau									
Applicant claims small	Art Unit										
TOTAL AMOUNT OF PAY	MENT	(\$) 1,730.00	Attorney Docke	Attorney Docket No. U1927.0014							
METHOD OF PAYMEN	T (check all ti	nat apply)									
Check X Credit Card Money Order None Other (please identify):											
Deposit Account Depo	osit Account Numb	er: 50-2215 Deposit	Account Name:	Dickstein S	Shapiro Morin 8	Oshinsky	LLP				
For the above-ident	tified deposit a	ccount, the Director	is hereby authoriz	zed to: (che	eck all that apply)						
Charge fee(s)) indicated bel	ow	Char	ge fee(s) ir	dicated below, e	cept for th	e filing fee				
	dditional fee(s) or underpayment and 1.17	of x Credi	t any overp	payments						
FEE CALCULATION (A	All the fees I	oelow are due up	on filing or ma	y be subj	ect to a surcha	arge.)					
1. BASIC FILING, SEARCH	•										
		G FEES S Small Entity	EARCH FEES Small Entity		NATION FEES Small Entity						
Application Type	Fee (\$)	Fee (\$) Fee		Fee (\$)		Fees P	aid (\$)				
Utility.	300	150 50	0 250	200	100						
Design	200	100 10	0 50	130	65						
Plant	200	100 30	0 150	160	80						
Reissue	300	150 50	0 250	600	300						
Provisional	. 200	100	0 0	0	0						
2. EXCESS CLAIM FEES				*			Small Entity				
Fee Description Each claim over 20 (include	ling Reissues)			Fee (\$) 50	Fee (\$) 25						
Each independent claim ov	-					200	100				
Multiple dependent claims		,				360	180				
Total Claims Extra	Claims F	ee (\$) Fe	e Paid (\$)	<u>N</u>	Multiple Depende	ent Claims					
50 - 70 =	x			Fee (\$)			Fee Paid (\$)				
HP = highest numer of total clair	ms paid for, if gre	ater than 20.		_			_				
Indep. Claims Extra		ee (\$)Fe	Paid (\$)								
7 -7 = HP = highest numer of independ	toot claims paid f	or if greater than 3									
	•	or, ii greater triair 3.					_				
3. APPLICATION SIZE FE		d 100 sheets of pap	er (excluding elect	tronically f	iled sequence or	computer					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction there	eof. See 35 U	.S.C. 41(a)(1)(G) a	nd 37 CFR 1.16(s)								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
	·	/50	(round up to a wi	noie number) ×	=	Paid (\$)				
	ion \$130 fee	e (no small entity di	scount)			rees	raiu (\$)				
Other (e.g. late filing of	urcharge). 15	601 Utility issue fe	9			1,4	00.00				
1504 Publication fee for early, voluntary, or normal							0.00				
\(\sum_{8001} \text{ Printed 96py of patent w/o color} \) 30.00											
SUBMITTED BY	1) 1)	V V /									
Signature \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Voe!	1. Jare	Registration No. (Attorney/Agent)	34,425	Telephone	(212) 89	6-5472				
Name (Print/Type) Michael	J. Scheer				Date	May 17,	2006				
SUBMITTED BY Signature	ion, \$130 fee urcharge): 15 15 80	01 Utility issue fe 04 Publication fe 01 Printed of by c	e for early, volun f patent w/o colo	tary, or no	ormal Telephone	1,4 30 30 (212) 89	0.00).00 6-5472				